



**City of Brooklyn**  
**2016 Application for Contractor Registration**  
**7619 Memphis Avenue, Brooklyn, Ohio 44144**

1. All persons/companies doing work in the City of Brooklyn, Ohio must be registered with the City.
2. **Attach the following to the 2016 Contractor Registration Application:**
  - A. A certificate of liability insurance naming the City of Brooklyn as certificate holder with a minimum of \$300,000.00.
  - B. A current State of Ohio Electrical, HVAC, Plumbing or Fire Protection certificate if applicable.
  - C. A \$100.00 check or money order for the contractor registration. If paying by Master Card or Visa please contact the Building Department at 216-635-4203. The fax number to the Building Department is 216-351-5800.
  - D. The contractor registration must be notarized.
  - E. Applications will be accepted and processed on or after December 1, 2015 for the 2016 calendar year.
  - F. A self addressed stamped envelope.



**City of Brooklyn**  
**2016 Application for Contractor Registration**  
7619 Memphis Avenue, Brooklyn, Ohio 44144

License #- \_\_\_\_\_  
Fee: **\$100.00**

**Please Print:**

I \_\_\_\_\_ do hereby make application for a license to operate as a \_\_\_\_\_ contractor within  
(Trade)

the corporation limits of Brooklyn, Ohio and I am the authorized representative of \_\_\_\_\_  
(Company Name)

Located at \_\_\_\_\_  
(full business mailing address)

Email Address \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

**Certificate of insurance naming the City of Brooklyn as certificate holder with a minimum of \$300,000.00 is required and attached to this application.**

**The following are officers or principals in the above-named company (one of which must sign below)**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

**List the services your company can provide to residents:**

\_\_\_\_\_

**List another Municipality in which you hold a License or Registration:**

Municipality: \_\_\_\_\_ License #: \_\_\_\_\_ Date issued: \_\_\_\_\_

**Do you have a State of Ohio license in Electrical, HVAC, Plumbing or Fire Protection \_\_\_\_ If yes, attach copy of license.**

**Is your company aware of the responsibility to comply with all rules and regulations of the Ohio Utility Protection Service: Yes/No**

**Is your company aware of the responsibility to comply with the rules and regulations of the Lead Safe Work Practices: Yes/No**

I do hereby certify that I will abide by the provisions of the Brooklyn Codified Ordinances, which I am fully aware of the requirements of the Building Codes that all required permits will be obtained and this will be strictly observed subject to forfeiture of the Certificate of Registration. By signing below I also hereby acknowledge I will contact the Ohio Utility Protection Services (800-362-2764) and abide by the EPA Lead Safe Work practices if applicable. I do hereby certify that the facts contained in and attached to the foregoing application are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Officer Listed Above

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Notary signature, State and Seal

\_\_\_\_\_  
Date